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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                   |                                             |                  |   | Application or Docket Number<br>09/764,350 |                        |    | ing Date<br>19/2001   | To be Mailed           |  |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|---|--------------------------------------------|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I<br>(Column 1) (Column 2)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                   |                                             |                  |   | SMALL ENTITY                               |                        |    |                       | HER THAN               |  |
|                                                                           | FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N                                         | JMBER FI                                                                                                                                                                                                                          | .ED NUI                                     | MBER EXTRA       |   | RATE (\$)                                  | FEE (\$)               |    | RATE (\$)             | FEE (\$)               |  |
|                                                                           | BASIC FEE<br>(37 CFR 1.16(a), (b),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or (c))                                   | N/A                                                                                                                                                                                                                               |                                             | N/A              |   | N/A                                        |                        |    | N/A                   |                        |  |
|                                                                           | SEARCH FEE<br>(37 CFR 1.16(k), (i),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or (m))                                   | N/A                                                                                                                                                                                                                               |                                             | N/A              |   | N/A                                        |                        |    | N/A                   |                        |  |
|                                                                           | EXAMINATION FE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | N/A                                                                                                                                                                                                                               |                                             | N/A              |   | N/A                                        |                        |    | N/A                   |                        |  |
|                                                                           | TAL CLAIMS<br>CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | minus 20 = *                                                                                                                                                                                                                      |                                             |                  |   | x \$ =                                     |                        | OR | x \$ =                |                        |  |
|                                                                           | EPENDENT CLAIN<br>CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IS                                        | m                                                                                                                                                                                                                                 | inus 3 = *                                  |                  | 1 | x \$ =                                     |                        |    | x \$ =                |                        |  |
|                                                                           | APPLICATION SIZE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FEE shee is \$2 addit                     | If the specification and drawings exceed a<br>sheets of paper, the application size fee d<br>is \$250 (\$125 for small entity) for each<br>additional 50 sheets or fraction thereof. S<br>35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s |                                             |                  |   |                                            |                        |    |                       |                        |  |
|                                                                           | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                                                                                                                                                                   |                                             |                  |   |                                            |                        | ]  |                       |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                   |                                             |                  |   | TOTAL                                      |                        | ]  | TOTAL                 |                        |  |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                   |                                             |                  |   |                                            | L ENTITY               | OR |                       | ER THAN<br>ALL ENTITY  |  |
| AMENDMENT                                                                 | 09/11/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                                                                                                                                                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
|                                                                           | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · 20                                      | Minus                                                                                                                                                                                                                             | ·· 20                                       | = 0              | ] | x s =                                      |                        | OR | X \$50=               | 0                      |  |
|                                                                           | Independent<br>(37 CFR 1,16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | · 5                                       | Minus                                                                                                                                                                                                                             | ···4                                        | = 1              | ] | x \$ =                                     |                        | OR | X \$200=              | 200                    |  |
|                                                                           | Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                                                                                                                                   |                                             |                  |   |                                            |                        |    |                       | ļ                      |  |
|                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                   |                                             |                  |   |                                            |                        | OR |                       |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                   |                                             |                  |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE | 200                    |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Column 1)                                |                                                                                                                                                                                                                                   | (Column 2)                                  | (Column 3)       |   |                                            |                        |    |                       |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                                                                                                                                                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
| Ä                                                                         | Total (37 CFR<br>1,16())                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *                                         | Minus                                                                                                                                                                                                                             | **                                          | =                | ] | x \$ =                                     |                        | OR | x \$ =                |                        |  |
| Δ                                                                         | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                         | Minus                                                                                                                                                                                                                             | ***                                         | =                | l | x \$ =                                     |                        | OR | x \$ =                |                        |  |
| AMENDMENT                                                                 | Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                                                                                                                                   |                                             |                  | ı |                                            |                        | l  | <u> </u>              |                        |  |
| AN                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                   |                                             |                  |   |                                            |                        | OR |                       |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                   |                                             |                  |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE | ·                      |  |
| ** If                                                                     | "If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE is less than 5, enter "20".  Diagnostic Williams  The Highest Number Previously Paid For IN THIS SPACE |                                           |                                                                                                                                                                                                                                   |                                             |                  |   |                                            |                        |    |                       |                        |  |

This collection of information is exquent by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is overward by \$8.0 Sc. 1.22 and \$37.0 FR 1.4. This collection is estimated to there 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suppecisions for reducing this burdon, should be sent to the Child Information Officer. U.S. Patent and Transfor Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.